

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034163

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8625

STATE FILE NUMBER

FILED AUG 29 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTYc. CITY
OR
TOWN St. LouisInside Limits
Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. Anthonys HospitalInside Limits
Yes ☒ No ☐d. STREET
ADDRESS
(If outside, give location)
4852 Northland AveReside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

First

Middle

Last

(Type or print) Mollie

Branch

Taylor

4. DATE

Month

Day

Year

OF
DEATH

August

25, 1963

5. SEX
Female6. COLOR OR RACE
Negro7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
3/27/079. AGE (last birthday)
5610. IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Teacher10b. KIND OF BUSINESS OR INDUSTRY
Board of Education11. BIRTHPLACE (City and state or country)
Nelson, Mo.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Charles Branch

13b. MOTHER'S MAIDEN NAME

Gailey Campbell

14. NAME OF HUSBAND OR WIFE

Edward L. Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Edward L. Taylor 4852 Northland Ave

18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Ventricular Fibrillation

INTERVAL BETWEEN
ONSET AND DEATH

30 minutes

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Hypertensive Heart Disease

15 years

DUE TO (c)

443X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Chronic pyelo-nephritis

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Mar 4, 1953 to Aug 25, 1963 and last saw her alive on 8-25-63
Death occurred at 8:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Clemens P. Freeman, M.D.

4161 Linwood

8-26-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial

23b. DATE

8/29/63

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

Jefferson Barracks, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Peoples Und.Co. 3100 Franklin Ave.

25. DATE RECD. BY LOCAL REG.

AUG 26 1963

REGISTRAR'S SIGNATURE

Road Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4500 Duvalway Lane

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.